



**State of Rhode Island
Department of Mental Health,
Retardation and Hospitals**

Division of Developmental Disabilities

**Standards for Authorized Placement Agencies for
Shared Living Arrangements**

August 23, 2007

PREFACE

The Department of MHRH/Division of Developmental Disabilities is responsible for the planning, development, and administration of a complete, comprehensive and integrated statewide program of services for adults with developmental disabilities within the state of Rhode Island. Individuals receiving services in the developmental disabilities system have the opportunity to choose services that best meet their needs, and support their capacity to live in their homes in the community. The fundamental goal of the Division's long range strategic plan is to support individuals in genuinely taking more personal control over their own lives, and to build and enhance meaningful community membership.

In carrying out this mission, the Division of Developmental Disabilities upholds these principles:

- Each individual is unique; supports and services shall be responsive to the individual and his/her particular situation;
- All of us develop and grow within a community of relationships; supports and services shall be designed to help build relationships;
- Each individual is deserving of respect; the Division strives to meet the highest standards of personal and professional integrity.

The purpose of these standards is to set forth the requirements for an Authorized Placement Agency for Shared Living providing services to adults with developmental disabilities within the state of Rhode Island.

Supports and services in the developmental disabilities system are designed to provide a safe environment that allows individuals with developmental disabilities to meet their fullest potential and to be included in the everyday fabric of our society. Shared Living Arrangements can have a significant positive impact on outcomes and the quality of life for individuals with disabilities. While the benefit to the individual is the driving force behind this option, there are other notable benefits as well. All individuals with disabilities benefit from the increased community awareness of the value, potential and many contributions people with disabilities can make to their communities.

Authorized Placement Agencies for Shared Living will administer the program and recruit individuals as Shared Living Providers. The role of the Shared Living Provider however, is not the same as the traditional foster care role of providing basic care in a family atmosphere. A Shared Living Provider's role entails that of an advocate, friend, mentor and support provider, who will not only share their home with a person with a developmental disability, but will assist the individual with connecting to the community, teaching new skills, developing friendships and making life choices that will lead to a satisfying, safe and productive lifestyle for the individual.

Shared Living is highly personalized and offers individuals a greater opportunity to choose the person(s) with whom they will live and have greater control of how they will live day-to-day.

There is an array of scenarios that can be developed based on the needs of the individual. The Shared Living Provider could assist an individual in their day-to-day activities, or an individual's support plan could include a combination of day or employment supports that will complement the efforts of the Shared Living Provider.

SECTION I

1.0 DEFINITIONS

- 1.1 “Authorized Placement Agency” (the “Agency”) means a licensed health or human services organization that has been granted the additional authorization by MHRH to administer a program that contracts with home providers to provide care and support to an individual with developmental disabilities in their home.
- 1.2 “Evacuation Plan” means an orderly, prompt, planned action to safeguard life during emergencies.
- 1.3 “Home Study” means the comprehensive process, conducted by the Agency, to determine the suitability and capability of an applicant(s) to fulfill the role of Home Provider.
- 1.3 “Home Inspection” means an inspection that is conducted by the Agency, prior to the individual moving into the home.
- 1.4 “Home Provider” means the adult who has contracted with an agency to provide care and support to an individual in their home.
- 1.5 “Household member” means any person, whether a family member or not, who sleeps within the home full or part-time.
- 1.6 “Individual” means an adult who is eligible for services from the Department of Mental Health, Retardation and Hospitals, Division of Developmental Disabilities.
- 1.7 “Licensed Healthcare Provider” means a duly licensed physician, dentist, certified registered nurse practitioner, podiatrist, or other licensed health care providers authorized by law to prescribe.
- 1.8 “Shared Living Arrangement” means a residential option for an adult with a developmental disability to reside with and receive customized support from someone who has contracted with an Authorized Placement Agency to be a Home Provider for that Individual.
- 1.9 “Support Coordinator” means the Agency employee who provides external coordination and monitoring of the Shared Living Arrangement.
- 1.10 “Shared Living Residence” means the residence and physical premises in which the support is provided by the household member(s) residing there. The home must be inspected and approved by the Agency.
- 1.11 “Unusual Incident” means any incidence or episode of behavior, communication, or other out of the ordinary occurrence that affects the Individual’s health, safety or well being.

- 1.12 “Respite” means the relief of responsibility of the home provider through the use of planned, paid substitute care and support to the Individual by someone who has been approved as a paid respite provider.
- 1.13 “Emergency Respite” means a short-term residential placement in response to an unplanned or unexpected need for residential support or immediate alternative residential placement.

SECTION II

2.0 ELIGIBILITY AND ACCESS

Individuals who are already receiving 24 hour residential support, or have been approved for 24 hour residential support and are on the Priority I or II residential tracking list, may be considered for Shared Living funding. Individuals who are receiving less than 24 hour residential support, and Individuals who have been approved for less than 24 hour support and are on the residential tracking list may choose the Shared Living model of support; however, additional funds over and above the non-24 hour funding guideline will not be authorized.

2.1 Recruitment, Selection and Matching

The agency shall have policies and procedures for identifying and selecting appropriate home providers. These policies shall include, but shall not be limited to the following processes:

- 2.1.1 Recruitment of Home Providers
- 2.1.2 Evaluation of potential Home Providers/Home Study/Home Inspection
- 2.1.3 Selection of Home Providers
- 2.1.4 Matching of Home Providers to Individuals
- 2.1.5 Individual’s choice in determining Home Provider
- 2.1.6 Inclusion of family members, friends, advocates, as appropriate in determining Home Provider

2.2 Home Study

The Agency shall develop policies and procedures to ensure comprehensive evaluation of an applicant Home Provider for suitability based on personal experience, characteristics, conduct, demeanor, integrity, capacity, and philosophy. These policies and procedures shall include, but shall not be limited to the following:

- 2.2.1 Character references
- 2.2.2 BCI check on the Home Provider and each household member
- 2.2.3 Extensive personal interviews
- 2.2.4 Home Inspection Report

2.3 As noted above, the agency shall have policies and procedures for matching Individuals with home providers. These shall include, but shall not be limited to the following:

- 2.3.1 Lifestyle
- 2.3.2 Personal preferences
- 2.3.3 Cultural and religious values
- 2.3.4 Family and friend involvement
- 2.3.5 Compatibility with animals and children
- 2.3.6 Smoking preference

3.0 AGENCY PROVIDER RECORDS

- 3.1 The agency shall maintain current records on each Home Provider. These records shall include, but shall not be limited to the following:
 - 3.1.1 Applications
 - 3.1.2 Reference checks
 - 3.1.3 Criminal background checks
 - 3.1.4 Home Study and inspection report, and as appropriate, documentation of insurance
 - 3.1.5 Notes regarding communication with or about the home provider
 - 3.1.6 DMV clearance and documentation of motor vehicle insurance
 - 3.1.7 Contract between the Agency and the Home Provider
- 3.2 These records are the property of the agency and shall be maintained in a confidential manner as required.
- 3.3 The agency shall obtain criminal background checks on each Adult Household Member.

4.0 TRAINING

- 4.1 Pre-service training is required prior to contracting as a Home Provider. The Agency shall have the discretion to accept documentation of relevant training from previous employers. Pre-service training shall include the following:
 - 4.1.1 The role and responsibilities of the home provider
 - 4.1.2 Human Rights
 - 4.1.3 The duty to report Abuse, Neglect and Mistreatment
 - 4.1.3 Relationships
 - 4.1.4 Community integration and membership
 - 4.1.5 Individual Plan
 - 4.1.6 Documentation
 - 4.1.7 Overview of developmental disabilities, positive supports and approaches
 - 4.1.8 CPR
 - 4.1.9 Person specific training as needed

5.0 CONTRACT REQUIREMENTS

- 5.1 The agency shall develop a detailed annual contract with the Home Provider. The Home Provider is not an employee of the Agency. The Contract shall, at a minimum, address the following areas:

5.1.1 Delineation of responsibilities of the Home Provider. A Home Provider shall:

- a) Provide a constructive, positive relationship and living experience for the Individual;
- b) Attend to the Individual's physical health and emotional well-being;
- c) Assist the Individual as needed and appropriate in developing and maintaining healthy social relationships with friends, family, community members and support efforts to maintain relationships;
- d) Maintain open communication with Agency and the Department;
- e) Attend all training as specified in these standards and required by the agency;
- f) Ensure assistance and support is available as needed by the Individual;
- g) Participate in the development and implementation of the Individual Plan;
- h) Enter into a specific agreement with the Agency regarding the roles and responsibilities of each party related to the procurement of respite providers;
- i) Cooperate with the Agency in the development of an appropriate respite schedule;
- j) Take reasonable steps to ensure the safety of the Individual;
- k) Provide or ensure access to regular well balanced meals and snacks;
- l) Ensure that the Individual has a full range of appropriate clothing;
- m) Assist the Individual, as needed, to communicate with others via phone and mail;
- n) Respect and support the religious beliefs, observances and cultural heritage of the Individual;
- o) Maintain motor vehicle and homeowners or renters insurance in effect at all times;
- p) Provide access to regular transportation for the Individual;
- q) Accept monthly payment from the Individual's SSI budget, or other income as a full contribution toward room and board costs according to the specifications of the Finance Section of these standards;
- r) Adhere to requirements for storing firearms as described in these standards;
- s) Protect the confidentiality of all documents and information related to the Individual;
- t) Maintain the home environment in accordance with the requirements delineated in the Physical Environment and Safety section of this document;
- u) Ensure the Individual has access to adequate and appropriate medical care as delineated in the Health Care section of this document;
- v) Report all unusual incidents to the agency, and document the occurrence of such incidents on forms provided by the Agency;
- w) Immediately notify the Agency of any changes in BCI status;
- x) Immediately notify the Agency of any new member of the household; and
- y) Participate to completion, in any training specific to the Individual as determined necessary by the Agency, and specified in the contract.

5.1.2 The contract must include criteria and a process for termination. Contracts may be terminated if the Home Provider or another member of the household has:

- a) been charged with or convicted of a criminal offense;
- b) current unresolved problems with alcohol or other substances;

- c) abused, neglected or mistreated a child or adult;
- d) suffered serious illness or injury that impacts delivery of care to the Individual;
- e) any other unusually stressful or dangerous situation exists in the home which affects the appropriate care and support of the Individual;
- f) failed to meet contract requirements; or
- g) the Individual chooses to leave.

5.1.3 The Individual shall be promptly removed from the home if a situation exists in the home, which imperils the health, safety or well being of the Individual in the care of the home provider.

5.1.4 The agency has full discretion, with prior approval from the Department, for immediate termination for any reason. The contract may also be terminated at the request of the Individual.

SECTION III

6.0 SUPPORT COORDINATION

6.1 The role of the Support Coordinator is integral to the success of a Shared Living Arrangement.

The Agency must have the ability to respond to a wide range of situations that may arise in Shared Living Arrangements, and to problem solve when necessary. In order to effectively support Shared Living arrangements, the Support Coordinator shall, at a minimum, have some combination of education, training and experience in the following areas:

- 6.1.1 Supporting adults with developmental disabilities in community settings
- 6.1.2 Developing individualized community based supports
- 6.1.3 Family Systems
- 6.1.4 Creative problem solving

6.2 At a minimum, the Support Coordinator shall have face to face personal contact with the Individual and/or Home Provider at least:

- 6.2.1 weekly during the first two months of placement; and
- 6.2.2 once a month ongoing for the duration of the placement.

6.3 Personal contact shall include a combination of the following:

- 6.3.1 Visits with the Individual alone
- 6.3.2 Visits with the Home Provider alone
- 6.3.3 Visits with the Individual and Home Provider together

6.4 Personal contact shall occur in the home and community.

In the event of extended vacations or other family circumstance, the Agency shall have the

discretion to waive the above personal contact requirements, and substitute telephone contact if necessary or desired by either the Agency or the Individual/Home Provider.

7.0 DOCUMENTATION

- 7.1 The Agency shall develop and maintain an up to date Individual Plan.
- 7.2 The agency shall provide the Home Provider with a format for documenting and reporting Unusual Incidents.
- 7.3 The Agency shall document routine and on-going contacts, and ensure the completion of a monthly written progress report.
- 7.4 The Agency shall complete all required healthcare documentation per healthcare section of these Standards.

SECTION IV

8.0 HOME INSPECTIONS/MAINTENANCE

- 8.1 The Agency is responsible for an initial and subsequent annual inspection of the property/home environment.
- 8.2 The initial inspection shall be conducted prior to an Individual moving in to the Shared Living Arrangement.
 - 8.2.1 The Agency shall notify the Home Provider in writing of any repairs or modifications that need to be completed.
 - a) The Agency is responsible for assuring that all repairs or modifications are made in a timely manner.
- 8.3 If a Home Provider plans to move to a new address within the state of Rhode Island, the Agency must be notified at least thirty (30) days in advance.
 - 8.3.1 A new home inspection must be conducted according to the above requirements.

9.0 PHYSICAL ENVIRONMENT

- 9.1 The home shall be heated and ventilated adequately.
- 9.2 The home shall have telephone service.
- 9.3 Any firearms shall be kept:
 - 9.3.1 in a locked storage space with any ammunition stored separately in a locked space; or

- 9.3.2 shall be incapacitated by means of use of a trigger lock, or locking of essential parts of the firearm; or
- 9.3.3 the removal and separate locking of such essential parts.
- 9.4 Emergency telephone numbers, including fire, police, physician, poison control, shall be documented and easily accessible.
- 9.5 Each Individual shall have his or her own bedroom with the exception of a husband and wife, parent and child or a pair of siblings or friends seeking the same shared living arrangement who have requested to share a bedroom.
 - 9.5.1 The bedroom shall include a window or external door, closet/appropriate storage, and latching door for privacy. Bedroom windows must open from the inside without the use of tools and provide a clear opening of not less than 20 inches in width by 24 inches in height, and 5.7 square feet in area. The bottom of the window opening shall not be more than 44 inches off the floor.
 - 9.5.2 No living room, dining area, or other area of the home, which is not ordinarily a sleeping room, may be used for such purpose by a member of the household on a regular basis.
 - 9.5.3 The home shall be appropriately accessible to the Individual's needs.
 - 9.5.4 No chain or bolt locks shall be used on the bathroom, or the Individual's bedroom door.
 - 9.5.5 The water temperature shall not exceed 120 degrees Fahrenheit.
- 9.6 Subsequent to the completion of a Home Inspection, exceptions may be sought to one or more of the above requirements subject to the approval of MHRH.

10.0 FIRE SAFETY

- 10.1 The home shall be free of dangers, including but not limited to:
 - 10.1.1 faulty electrical cords;
 - 10.1.2 overloaded electrical sockets; or
 - 10.1.3 accumulations of papers, paint, or other flammable material stored in the home.
- 10.2 There shall be at least two (2) accessible exits from each floor level used for sleeping.
- 10.3 Home providers shall have a written Evacuation Plan to be used in the event of fire and shall assure that, consistent with their ability to comprehend, Individuals understand the plan.
 - 10.3.1 The Agency and the Home Provider shall determine an appropriate schedule of Evacuation Plan drills, which shall include at least two annual drills, one of which shall be conducted during sleeping hours.
 - 10.3.2 The Evacuation Plan shall include, but shall not be limited to, the following:
 - a) a description of two or more means of exit from each floor level used for sleeping;
 - b) a central meeting place outside the home; and
 - c) a means of evacuating an Individual who needs assistance.

- 10.4 The home shall provide an adequate number of smoke detectors, which are properly installed, located and functioning.
- 10.4.1 Smoke detectors shall be tested at least quarterly
- 10.4.1 There shall be at least one such detector in the basement; and
- 10.4.2 a minimum of one on each floor level, and outside each sleeping area.
- 10.5 The home shall place a functioning, portable, all purpose fire extinguisher in the cooking area of the home.
- 10.6 The home shall have a functioning carbon monoxide detector in the hallway where bedrooms are located and in the basement or in close proximity to any furnace that may be located elsewhere in the home.

SECTION V

11.0 FINANCE

11.1 The Agencies will be authorized for SLA funding based on the residential Support level determined by the Division's assessment tools, currently a Personal Capacities Inventory and/or a Situational Assessment. For each Residential 24-hour support level there is an associated Funding Level.

- 11.1.1 Within each Funding Level is funding for a stipend, respite, case management, recruitment and training, and agency administration, per Attachment A.
- 11.1.2 The Agency must disclose the funding available for the stipend and respite with the Home Provider. From this available funding, the Agency and Home Provider shall determine the appropriate allocations toward stipend and Respite as there may be variability within these two categories based on individual situations, i.e. a Home Provider who works full time may require more respite funds and a smaller stipend. On-going flexibility within these categories is allowed as needed to maintain appropriate support for both the Individual and the Home Provider.
- 11.1.3 Should the Shared Living Provider request stipend and respite funding that is less than the funding available, then the Agency can only request this reduced level of funding from the Division. The differential between the funding available for the stipend and respite and the reduced amount requested by the Shared Living Provider cannot be transferred to the Agency for Agency related expenses including case management, administration and recruitment.
- (a) Those Shared Living Arrangement that are in existence with an Agency when these Standards are finalized shall be "grandfathered" at their current funding structure.

11.2 The Agency can request funding for short-term or long-term Special Considerations by submitting the Special Considerations form with the Support Agreement that justifies the need

for the Special Consideration, itemizes the cost, and indicates the period of time.

- 11.3 The Agency shall develop policies and procedures related to the management and accountability of the Individual's funds. These policies shall include, but shall not be limited to, the following:
 - 11.3.1 The Individual shall provide a percentage of his/her SSI benefit or other income to the Home Provider to offset room and board expenses. The aforementioned room and board payment shall not exceed the equivalent of 2/3 of the standard monthly SSI benefit. The details of this determination shall be made at the time of the placement decision and shall be referenced in the Agency contract with the Home Provider.
 - 11.3.2 Should the Home Provider manage the Individual's personal needs funds, the Agency shall require documentation of expenditures and shall audit this process at least annually.
 - 11.3.3 The Home Provider shall not be named as the beneficiary of any insurance policy held by the Individual.
 - 11.3.4 The Home provider shall not be the legal guardian of the Individual.
- 11.4 Payments for a Shared Living Arrangement, funded through an individual authorization, are paid after the month of service based on services provided during the month, in accordance with each person's Individualized Plan. The Agency will be paid monthly, based upon an invoice submitted for each Individual for 1/12th of the service(s) approved in the Individual's authorization, subject to the limitations noted below. Payment to the Agency may be reduced by any cost of care contribution as determined by the Department of Human Services.
 - 11.4.1 The Agency shall bill on a 1/12th basis as long as the Individual resides with the Shared Living Provider for the entire month. The Division reserves the right to specify the payment system for Shared Living. The mechanism for billing and payment is subject to change at the discretion of the Division.
 - 11.4.2 If the Individual does not reside with the Shared Living Provider for the entire month, the Agency shall convert the 1/12th amount to a daily rate, based on the calendar days in the month, and bill for the appropriate number of days that the Individual resided with the Shared Living Provider.
 - (a) For Individuals new to a Shared Living Arrangement, the State will pay the Agency from the day the person moved into the Shared Living Provider's home through the end of the month.
 - (b) For Individuals who leave their shared Living Arrangement, the State will pay the Agency from the beginning of the month up to and including the day the Individual leaves the Shared Living Provider's home.
 - (c) Should the Individual leave the Shared Living Arrangement during the month and return within the same month (i.e. family home visit, hospitalization), the State will pay the Shared Living Provider from the beginning of the month through the day that the Individual leaves, and the day that the Individual returns to the Shared Living Provider's home through the end of the month.
 - 11.4.3 If the approved Support Agreement includes any Special Considerations, these items shall be billed to the State based on the Agency's actual costs.
 - 11.4.4 The Agency is not allowed to bill the State for services provided before the Individual

moves into the home of the Shared Living Provider, or after the Individual leaves the home of the Shared Living Provider.

- 11.4.5 The Agency is required to submit a monthly Attendance Report, indicating the dates that the Individual received Shared Living Arrangement services.

SECTION VI

12.0 RESPITE

- 12.1 The Agency shall establish policies and procedures for recruiting, screening, and contracting with paid respite providers.
- 12.2 Respite funds may be used flexibly in order to meet the needs of the Home Provider. Respite services may be managed separately through the use of a fiscal intermediary.

13.0 EMERGENCY PLACEMENT

- 13.1 The Agency shall identify a procedure for accommodating an Individual who needs to be removed from a Shared Living Arrangement in an emergency.
- 13.1.1 The Agency shall maintain the ability to safely accommodate the Individual should such a situation arise.
- 13.2 The Agency shall establish a process to ensure twenty four (24) hour access to the Support Coordinator or other designated backup in emergencies.

SECTION VII

14.0 HEALTH CARE

- 14.1 Home providers shall work cooperatively with the Agency in securing required preventive, routine, and emergency health care services for the Individual.
- 14.2 The Agency shall have a policy and procedure for ensuring that health care services are provided and documented for the Individual.

15.0 EMERGENCY INFORMATION SHEET

- 15.1 A current emergency information sheet shall be maintained in the Shared Living residence and the Individual's record, and shall contain:
- 15.1.1 Contact information for the Individual's legal guardian, family member and/or advocate as appropriate;
- 15.1.2 The Individual's name, address, telephone number and date of birth date of birth;

- 15.1.3 Social Security number;
- 15.1.4 Medicaid number, Medicare number, and/or other insurance information;
- 15.1.5 Current contact information for the Home Provider;
- 15.1.6 Name and telephone number of the primary licensed health care provider and other relevant health care providers/specialists;
- 15.1.7 Medical diagnoses;
- 15.1.8 Date of last annual physical;
- 15.1.9 Immunization information, including date of last Tetanus;
- 15.1.10 List of current medications and dosages;
- 15.1.11 List of any known allergies;
- 15.1.12 Protocol for emergency treatment and advance directives (if applicable); and
- 15.1.13 Person specific medical information necessary in an emergency

16.0 ANNUAL PHYSICAL EXAM

- 16.1 A physical examination shall be obtained annually, according to the American Medical Association, unless otherwise determined by the Individual's primary licensed health care provider.
 - 16.1.1 All tests, laboratory work, screenings and referral to other licensed healthcare providers shall be scheduled promptly, documented, and followed through to completion.
 - 16.1.2 Home providers shall not implement weight loss or other restrictive types of diets without approval/authorization of the licensed health care provider.
 - 16.1.3 Home providers shall ensure that the requirements for special diets shall be followed according to the parameters specified by the licensed health care provider.

17.0 DENTAL EXAMS

- 17.1 Dental examinations and cleanings shall be performed as recognized by the American Dental Association, unless otherwise determined by the Individual's licensed health care provider.

18.0 NEUROLOGICAL SERVICES AND SEIZURES

- 18.1 An initial diagnostic evaluation by a neurologist shall be obtained for Individuals who have medications prescribed for seizures. The frequency of follow up evaluations shall be determined by the neurologist, or by the primary licensed health care provider.
- 18.2 The home provider shall maintain a seizure record in order to provide information for the licensed health care provider. The record shall include:
 - 18.2.1 Date and time that the seizure occurred;
 - 18.2.2 Duration;
 - 18.2.3 Post-seizure status.

19.0 ADAPTIVE AND/OR MEDICAL EQUIPMENT

- 19.1 The Agency shall ensure that all adaptive and/or medical equipment is obtained as needed and

kept in good repair.

19.1.1 Regular assessment for proper fit, usage, function, and safety shall also be completed.

20.0 MEDICATION ADMINISTRATION

20.1 All medication, including over the counter medication, requires an order from a licensed health care provider. Home providers shall not administer any prescription or over the counter medication that has not been prescribed for the Individual.

20.2 Home providers shall not withhold prescribed medication or treatment from an Individual or change prescribed dosages without medical authorizations.

21.0 CONTROLLED MEDICATIONS

21.1 The Agency shall ensure that controlled medication is accounted for through the use of an accountability record for all Schedules I, II, III, IV, or V medications. Home Providers shall be trained in the proper use, documentation and maintenance of this accountability record. The accountability record shall, at a minimum, include the following information:

21.1.1 Name of the Individual for whom the medication is prescribed

21.1.2 Name, dosage, and route of medication

21.1.3 Dispensing pharmacy

21.1.4 Date received from pharmacy

21.1.5 Quantity received

21.1.6 Date(s) administered and reason for administration

22.0 HEALTH CARE TRAINING REQUIREMENTS

22.1 Home Providers shall complete an approved course in Cardiopulmonary Resuscitation (CPR) prior to the placement of any Individual in the home

22.1.1 The home provider shall submit to the Agency documentation of CPR course completion;

22.1.2 The home provider shall submit a copy of a current certificate or completion card at renewal, at minimum, every two (2) years.

ATTACHMENT A

DEPARTMENT OF MENTAL HEALTH, RETARDATION AND HOSPITALS Division of Developmental Disabilities

SHARED LIVING ARRANGEMENTS

FUNDING GUIDELINES November 10, 2006

Cost Categories	Level 1	Level 2	Level 3	Level 4
Stipend	\$15,000	\$18,000	\$27,000	\$32,000
Respite	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000
Case Management	\$ 5,000	\$ 6,000	\$ 8,000	\$10,000
Administration	\$ 3,320	\$ 4,466	\$ 4,821	\$ 5,584
Recruitment	<u>\$ 1,000</u>	<u>\$ 1,000</u>	<u>\$ 1,000</u>	<u>\$ 1,000</u>
TOTAL	\$30,320	\$35,466	\$46,821	\$54,584

***If the individual is moving from a group home to a Shared Living Arrangement, then the provider will receive a first year, one-time program development incentive of \$2,000.

EMERGENCY RESPITE

Daily Rate	\$167
Minimum Stipend Amount	\$100

The above rates are the daily rates for up to sixty (60) days. After 60 days, if the individual remains in the placement, even if it will not be long-term, the placement will be funded at the appropriate corresponding funding level for a Shared Living Arrangement (above).